

State of Maryland
Employee/Retiree Benefits Program
Certification of Dependent Eligibility

Dependent children are covered through end of year in which they turned 19. Beyond that year, full-time student certification is required for dependents 20 to 25. MetLife covers full-time student dependents through age 23.

Employee to complete the following:

Employee/Retiree Name:	Employee/Retiree Social Security Number:
Dependent's Name:	Dependent's Date of Birth: <div style="text-align: center;">Mo _____ Day _____ Year _____</div>
Dependent's Sex: <div style="text-align: center;"><input type="checkbox"/> Male <input type="checkbox"/> Female</div>	Relationship to Employee:
Dependent's Social Security No.:	Dependent's Martial Status: <div style="text-align: center;"><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated</div>
Do you provide 50% of the dependent's support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the dependent reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I hereby certify that the information contained on this form is correct to the best of my knowledge and authorize the release of any information requested with respect to this certification.	
<div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>Employee/Retiree Signature</div><div>Daytime Telephone No.</div><div>Date</div></div>	

Student Certification – School official to complete this section if dependent is eligible based on student status.

School Name:	School Address:
Beginning and Ending Date of Current Semester: _____ to _____	
Is this institution accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Hours per Current Semester or Classroom Hours per Week: _____	
What is the Student Status as determined by the institution: <input type="checkbox"/> Full -Time <input type="checkbox"/> Part-Time	
Is Student currently on summer break? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, did student attend spring semester preceding break? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is student enrolled for the fall semester? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I hereby certify that the above information is correct to the best of my knowledge.	
<div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>Signature of School Official</div><div>Daytime Telephone No.</div><div>Date</div></div>	

Disability Certification - Dependent's attending physician to complete this section if dependent is eligible based on disability.

Nature of Disability:	Date Disability Began:
Did the dependent's disability begin prior to the dependent's nineteenth birthday, or twenty-fifth birthday while still a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I hereby certify that the above information is correct to the best of my knowledge. (Attach appropriate documentation).	
<div style="display: flex; justify-content: space-between;"><div>_____</div><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between;"><div>Signature of Attending Physician</div><div>Daytime Telephone No.</div><div>Date</div></div>	